

Public Health Watch



A BI-MONTHLY PUBLIC HEALTH NEWSLETTER OF THE
METROPOLITAN HEALTH DEPARTMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE

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Looking at Where We Are... and the Beyond

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Director of Health

If we were to draw three circles representing the time orientation of our city: one representing the past, one the present, and a third the future, I wonder how you would draw them. If I were to depict the Metro Health Department's time orientation and compare to the community's, I wonder if it would be similar or different.

The best for the health of the public is for those orientations to be compatible and complimentary. If the city overall were oriented in the future and the Health Department in the past, there could be discord or there could be tremendous momentum and opportunity. If there were a disconnect between or no overlapping of the circles of the past, present, and future by either, then some things get lost. Focusing on the future without incorporating lessons learned from the past in a strategic manner leaves some things undone and benefits only a few. The past practices of Public Health are rooted in assuring the conditions in which people can be healthy through assessment, assurance, and policy development. We have embraced our past.... and while dealing with the present are creating systems, building infrastructure, and focusing on critical emerging and emergent issues of healthiness. This strategy attacks the assumptions manifested in each time period. Assumptions probably the general population holds. Let me share two activities started last year as illustrative of this point.

Ostensibly because of the number of health care delivery systems in Nashville, the general assumption is that our health overall is good. Access to care is one part of the systemic pieces that leads to a healthy community. However, some people are falling (still) between the cracks as uninsured, underinsured, and uninsurable. Access alone does not equate to health and has been calculated as representing 10% of the quality of life pie.

There are currently seven community-based health care organizations (called primary safety net providers) and eight hospitals (called secondary safety net providers) that serve uninsured patients in Nashville. In 1999, the community clinics provided health services to more than 65,000 individuals in the Nashville area. In 1996, 6.2% of Davidson County residents (32,615) did not have insurance, yet more than half of these were employed full-time. Since then, thousands have been disenrolled from TennCare, resulting in an estimate of nearly 40 - 50,000 Davidson County residents without insurance.

This is an emergent issue for the 'health of our public'. Nashville leaders of public and private health care agencies who serve individuals regardless of their ability to pay have come together in partnership with the community to form a consortium to develop and strengthen integrated systems of care

"To be a healthier community, the strategies must include people of the community and incorporate prevention."

In This Issue

Looking at Where We Are...and the Beyond	1
February is American Heart Month	2
Recommendations for Health Professionals Regarding Folic Acid	3
Mission of <i>Public Health Watch</i>	4
2001 National Health Observances	5
Index to Articles in Public Health Watch 1998 through 2000	6
Reported cases of selected notifiable diseases for November/December 2000	14

continued on page two

that promote increased access and improve health services available for the uninsured. The core group has been working together since 1999. One of the first steps towards this outcome is becoming electronically connected. Each of the agencies has committed to doing this. A next step is "Bridges to Care", which will be a community-based program designed to assist the uninsured patients in better navigation of the system. It is projected that in the future the proposed plan will result in a substantial savings to all provider facilities because individuals will be receiving better health care at the appropriate facility in a more timely fashion.

Another assumption within the greater general assumption of this city being healthy is the equality of healthiness.

The gap between the death rate of minorities compared to that of whites is wide. The Surgeon General has called attention to the disparity issue particularly in the areas of diabetes, cardiovascular disease, infant mortality, AIDS, cancer, and immunization. Nashville is not immune from this emergent issue--disparities. There are 185% more deaths from diabetes, 2.5 times more deaths from infant mortality, and 59% more deaths from heart disease, for example, among blacks than whites.

A coalition was formed to address the racial disparity of two diseases, diabetes and cardiovascular. In 1999, this coalition which targets North Nashville received a planning grant from the Centers of Disease Control and Prevention. In 2000, the coalition was approved to receive \$1.2 million each year for the next four years to create the system that will decrease the burden of these diseases on individuals and the community. The coalition is built on the strength of the community. The primary goal of this initiative is to persuade large numbers of persons in North Nashville to change their smoking, eating, and exercising habits so that cardiovascular disease and Type II diabetes can be prevented or the onset significantly delayed. The gap is expected to

decrease and be well on its' way toward elimination.

This effort is also connected to the one mentioned above. A subcommittee of the Safety Net Providers group is putting in place quality disease management practices around each of the disparity diseases to be used by Safety Net Providers.

Other issues that are emergent and cannot be ignored are: sexually transmitted diseases, children's issues, education, poverty, substance abuse, mental illness, increasing diversity, increasing obesity, and asthma. It is past time to put prevention into practice.

Community health is profoundly affected by the collective behavior, attitudes, and beliefs of everyone who lives in the community. To be a healthier community, the strategies must include people of the community and incorporate prevention. The lessons from the past, the cooperation, and inclusiveness at the present will sustain and shape our vision for tomorrow. Join Us!

February is American Heart Month

Despite an overall reduction in the death rate due to cardiovascular diseases (CVD) in the U.S. over the last several decades, the rate of decline is less for women than for men and less for African-American women than for white women. Because the risk of CVD increases with age, the need for an increased awareness of the importance of CVD is a major public health issue for older women.

The American Heart Association provides the following facts:

- ✓ CVD ranks first among all disease categories in hospital discharges for women.
- ✓ CVD, particularly coronary heart disease (CHD) and stroke, remain the leading causes of death of women in America and most developed countries with 44.6 percent of all female deaths occurring from CVD.
- ✓ CVD is a particularly important problem among minority women. The death rate due to CVD is 69 percent higher in black women than in white women.
- ✓ In 1995, CVD claimed the lives of 505,440 females--cancer 256,844.
- ✓ Coronary heart disease claims the lives of 236,468 females annually compared with 43,800 lives from breast cancer and 60,600 from lung cancer.
- ✓ 44 percent of women, compared with 27 percent of men, will die within one year after a heart attack.
- ✓ Of the approximately 4 million stroke survivors alive today, 52 percent are women.
- ✓ Stroke is the leading cause of serious, long-term disability; at least 31 percent of stroke survivors require substantial care and assistance.
- ✓ Misperceptions still exist that CVD is not a real problem for women.

"Coronary heart disease and stroke remain the leading causes of death of women in America". American Heart Association. Available at: <http://women.americanheart.org>. Accessed on January 29, 2001.

Recommendations for Health Professionals Regarding Folic Acid*

The March of Dimes, the Metropolitan Health Department of Nashville and Davidson County, and the National Council on Folic Acid urge health professionals to take the time to recommend that women of childbearing age take a multivitamin containing 400 mcg of folic acid every day, in addition to consuming food folate from a varied diet. The Centers for Disease Control and Prevention estimates that if all women of childbearing age in the United States took 400 mcg of folic acid every day, up to 70 percent of neural tube defects (NTDs) could be prevented. But folic acid will not work if women don't know about it and don't take it every day.

NTDs are among the most serious and common birth defects that occur in the United States. Each year, an estimated 2,500 babies are born with NTDs, and many additional affected pregnancies result in miscarriage or stillbirth. NTDs occur in the first four weeks following conception, usually before a woman knows she is pregnant. In this country, where almost half of all pregnancies are *not planned*, all health professionals who counsel women of childbearing age should discuss folic acid supplementation.

In a recent study published in the Canadian Family Physician, 71% of women counseled by their health care provider took folic acid, compared with only 17% of those not counseled.

Key points to emphasize when counseling women about the use of folic acid include:

- The body can absorb almost 100 percent of the synthetic form of folic acid, so the best protection comes from taking a multivitamin containing 400 mcg of folic acid every day.
- Because NTDs originate in the first month of pregnancy, before many women know they are pregnant, it is important for a woman to have adequate blood folate levels at conception.

The March of Dimes and the Metro Health Department will provide health professionals with public health information materials at no cost. Information may be obtained by contacting the local March of Dimes office.

As a health professional, you can help reduce infants' risk of death and disability from NTDs. Recommend folic acid to all women who could become pregnant – because your patients listen to you. For more information about the March of Dimes Folic Acid Campaign, contact Pearl Hann with the March of Dimes at (615) 399-3200.

**All data provided by the March of Dimes.*

Mission of *Public Health Watch*

Public Health Watch's mission is to promote improvement of the health of the public in Davidson County by:

- Producing a newsletter that is timely, credible, easy to read, and that addresses a broad range of public health topics of interest to the Davidson County community;
- Disseminating information regarding community health status in Davidson County;
- Promoting awareness of public health initiatives;
- Providing a forum for practitioners of public health and concerned citizens to discuss issues of public health importance;
- Educating a diverse readership on the importance of public health efforts to protect personal and environmental health.

2001 National Health Observances

Health observances are days, weeks, or months devoted to promoting particular health concerns.

The Year 2001 at a Glance

January

Cervical Cancer Month
National Birth Defects Prevention Month
National Eye Care Month
National Glaucoma Awareness Month
National Volunteer Blood Donor Week
21-27 Healthy Weight Week

February

American Heart Month
Low Vision Awareness Month
National Children's Dental Health Month
Wise Health Consumer Month
4-10 Cardiac Rehabilitation Week
4-10 National Burn Awareness Week
7 National Girls and Women in Sports Day
11-17 National Child Passenger Safety Awareness Week
11-17 National Children of Alcoholics Week
14 National Condom Day

March

Mental Retardation Awareness Month
National Chronic Fatigue Syndrome Awareness Month
National Colorectal Cancer Awareness Month
National Eye Donor Month
National Kidney Month
National Nutrition Month
Workplace Eye Health and Safety Awareness Month
4-10 Save Your Vision Week
5-9 National School Breakfast Week
11-17 Pulmonary Rehabilitation Week
12-8 Brain Awareness Week
18-24 National Inhalants and Poisons Awareness Week
21-27 National Poison Prevention Week
23 American Diabetes Alert
24 World Tuberculosis Day

April

Alcohol Awareness Month
Cancer Control Month
Counseling Awareness Month
National Autism Awareness Month
National Child Abuse Prevention Month
National Occupational Therapy Month
National STD Awareness Month

National Youth Sports Safety Month
Sports Eye Safety Month
Women's Eye Health and Safety Month
1-7 National Building Safety Week
2-8 National Public Health Week
4 Kick Butts Day
6-8 Alcohol – Free Weekend
7 World Health Day
14 YMCA Healthy Kids Day
15-21 National Organ and Tissue Donor Awareness Week
17-23 National Minority Cancer Awareness Week
22-28 National Infants Immunization Week
28-29 2001 Walk America

May

Asthma and Allergy Awareness Month
Better Hearing and Speech Month
Better Sleep Month
Clean Air Month
Correct Posture Month
Hepatitis Awareness Month
Huntington's Disease Awareness Month
National Arthritis Month
National Digestive Diseases Awareness Month
National High Blood Pressure Education Month
National Melanoma/Skin Cancer Detection and Prevention Month
National Mental Health Month
National Neurofibromatosis Month
National Osteoporosis Prevention Month
National Sight-Saving Month
National Stroke Awareness Month
National Teen Pregnancy Prevention Month
National Trauma Awareness Month
Older Americans Month
Skin Cancer Awareness Month
Tuberous Sclerosis Awareness Month
2 National Anxiety Disorders Screening Day
5-12 National SAFE KIDS Week
6-12 National Suicide Awareness Week
7 Childhood Depression Awareness Day
7-13 National Mental Health Counseling Week
6-12 Food Allergy Awareness Week
13-19 National Running and Fitness Week
17 National Employee Health and Fitness Day
22-29 Buckle Up America! Week
30 National Senior Health and Fitness Day
31 World "No Tobacco" Day

continued on page five

2001 National Health Observances

Health observances are days, weeks, or months devoted to promoting particular health concerns.

The Year 2001 at a Glance

June

Fireworks Safety Month (through July 4)
 National Safety Month
 National Scleroderma Awareness Month
 3 National Cancer Survivors Day
 3-9 National Aphasia Awareness Week
 3-9 National Headache Awareness Week
 11-17 National Men's Health Week
 28-July 5 Eye Safety Awareness Week

July

Hemochromatosis Screening Awareness Month

August

Cataract Awareness Month
 Spinal Muscular Atrophy Awareness Month
 1-7 World Breastfeeding Week

September

Baby Safety Month
 Children's Eye Health and Safety Month
 Cold and Flu Campaign
 Gynecologic Cancer Awareness Month
 Healthy Aging Month
 Leukemia Awareness Month
 National Cholesterol Education Month
 National Food Safety Education Month
 National Pediculosis Prevention Month
 National Sickle Cell Month
 Ovarian Cancer Awareness Month
 10-16 National 5-A-Day Week
 16-22 National Reye's Syndrome Week
 16-22 Prostate Cancer Awareness Week
 16-23 National Rehabilitation Week
 18-25 Ulcer Awareness Week
 29-30 Family Health and Fitness Days USA

October

Cancer Control Month
 Celiac Sprue Awareness Month
 Child Health Month
 Domestic Violence Awareness Month
 Family Health Month
 Health Literacy Month
 Healthy Lung Month

National Breast Cancer Awareness Month
 National Campaign for Healthier Babies Month
 National Dental Hygiene Month
 National Liver Awareness Month
 National Lupus Awareness Month
 National Spina Bifida Prevention Month
 National Spinal Health Month
 Sudden Infant Death Syndrome Awareness Month
 2 Child Health Day
 3-9 Mental Illness Awareness Week
 5 National Depression Screening Day
 7-13 National Fire Prevention Week
 8-12 Walk a Child to School Week
 8-14 National Adult Immunization Awareness Week
 15-21 National Hepatitis Awareness Week
 15-21 National Radon Action Week
 15-21 National Health Education Week
 16-22 National Infection Control Week
 19 National Mammography Day

November

American Diabetes Month
 Diabetic Eye Disease Month
 National Alzheimer's Awareness Month
 National Epilepsy Month
 National Marrow Awareness Month
 15 Great American Smokeout

December

National Drunk and Drugged Driving Prevention Month
 Safe Toys and Gifts Month
 1 World AIDS Day
 1-7 National Aplastic Anemia Awareness Week

Editor's Note: The information provided above was obtained from the National Health Information Center. The information is provided to assist health professionals, teachers, or community groups who use the special times to sponsor health promotion events, stimulate awareness of health risks, or focus on disease prevention. This is not intended to be a complete listing of health observances for 2001. Information appearing in the list does not represent an endorsement by the Metropolitan Health Department of Nashville and Davidson County. The list may be accessed on the National Health Information Center's website: <http://nhic-nt.health.org>. information about the sponsoring organization for each observance is available on the website.

Index to Articles in *Public Health Watch* 1998 through 2000

Editor's Note: *The following is a listing of articles by page number, title, and author for each issue of Public Health Watch beginning with the May/June 1998 issue through the December/January 2000 issue. In the future, an index to articles for the previous year will appear in the January/February issue of Public Health Watch each year.*

Volume 2, Number 1 May/June 1998

- 1 Letter from the Editor. *Jianshi Huang*
- 1 Tuberculosis Increases in 1997. *Gail Claybrooks*
- 3 Rocky Mountain 'Spotted Fever' Still a Lethal Disease. *Tim Jones*
- 4 Immunization Update. *Mary Fowler*
- 5 Syphilis: On the Rise in Davidson County. *Stuart Morrical*
- 5 Addressing the Syphilis Problem in Davidson County. *Dederick Yeargin*
- 6 Rabies Update. *Nancy Horner*
- 8 Helpful Public Health and Epidemiology Websites. *Public Health Watch Staff*
- 9 Communicable Disease Control Team, Nashville and Davidson County, Tennessee. *Cathy Seigenthaler*
- 10 Snapshot Selected Notifiable Diseases. *Public Health Watch Staff*
- 11 Reporting of Notifiable Diseases: Achieving the Golden Standard. *Mary Ellen Chesser*
- 12 Tuberculosis in the United States. *Public Health Watch Staff*

Volume 2, Number 2 July/August 1998

- 1 Davidson County Child Death Review Team Issues 1997 Findings. *Peggy Pharris*
- 3 Investigation of an Outbreak of *Clostridium Perfringens*. *Jerry Rowland*
- 5 EPA Revises National Ambient Air Quality Standards for Particulate Matter and Ozone. *Rob Raney*
- 7 Influenza Prevention Campaign. *Immunization Management Team*
- 8 School Health Program Expands for 1998/1999. *Karen Gore*
- 8 Health Reference Manual for Schools. *Denise Stratz*
- 9 Back to School: Head Lice Issues. *Denise Stratz*
- 9 New Immunization Requirements. *Mary Fowler*

continued on page seven

**Volume 2, Number 2
July/August 1998 (continued)**

- 10** Perinatal Hepatitis B Program. *Denise Stratz*
- 11** Animal Safety/Responsible Pet Ownership Program. *Billy Hendrixson*
- 12** Reported Cases of Selected Notifiable Diseases in Davidson County, TN for May/June 1998. *Nancy Horner*

**Volume 2, Number 3
September/October 1998**

- 1** Skunk Rabies Identified in Davidson County. *Larry Cole*
- 1** Rabid Skunk Heightens Awareness. *Mary Ellen Chesser*
- 3** The Rifapentine Clinical Trial—Study 22. *Anthony Chapdelaine*
- 3** Cooler Weather Increases Risk of Radon Exposure. *Fred Huggins*
- 4** Flow Chart for Human Rabies Post-exposure Prophylaxis. *Communicable Disease Control and Gary Swinger*
- 6** Youth Sports Injuries. *Alisa R. Haushalter and Kathleen Thomas*
- 8** Reported Cases of Selected Notifiable Diseases in Davidson County, TN for July/August 1998. *Nancy Horner*

**Volume 2, Number 4
November/December 1998**

- 1** A Message from Dr. Stephanie Bailey, Director of Health. *Stephanie Bailey*
- 2** The Facts about Syphilis. An Overview of the Disease. *Pam Trotter*
- 3** The Facts about the Epidemic. The Epidemiology of Primary and Secondary Syphilis in Nashville. *Jianshi Huang*
- 6** Health Department Response to the Epidemic. Sexually Transmitted Disease Clinic Process. *Dan McEachern*
- 6** Health Department Response to the Epidemic. STD FREE!. *Tina Lester*
- 8** Reported Cases of Selected Notifiable Diseases in Davidson County, TN for September/October 1998. *Nancy Horner*

continued on page eight

**Volume 3, Number 1
January/February 1999**

- 1 Public Health Challenges for the Next Century. *Stephanie Bailey*
- 2 A Snapshot of 1997 Mortality Data. *Jianshi Huang*
- 4 Smoke-Free Nashville Coalition. *Barbara B. Jones*
- 5 SIDS Incidence Increases During Winter. *Marianne Greenwood*
- 6 Survey Examines Barriers to Immunization. *Immunization Management Team*
- 6 Public Health 101. *Public Health Watch Staff*
- 7 Nashville's Syphilis Rate Was the Highest in Tennessee in 1998. *Public Health Watch Staff*
- 8 Reported Cases of Selected Notifiable Diseases in Davidson County, TN for 1998. *Nancy Horner*

**Volume 3, Number 2
March/April 1999**

- 1 Public Health: Everyday, Everywhere, Everybody. *Nancy Horner and Jianshi Huang*
- 3 Eliminating Racial and Ethnic Disparities in Health. *Bart Perkey*
- 7 Update from STD FREE!. *East Community Health Action Team*
- 8 Poison Prevention. *Alisa R. Haushalter and Kendall Lanier*
- 9 SMILE! The Tooth Fairy Is Coming. *Mary McClean*
- 9 Nashville Prepares for Threat of Bioterrorism. *Linda Reeves-Hammock*
- 10 Reported Cases of Selected Notifiable Diseases in Davidson County, TN for January/February 1999. *Nancy Horner*

**Volume 3, Number 3
May/June 1999**

- 1 Tuberculosis 1998: A Change of Focus. *Gail Claybrooks*
- 3 A Shigella Outbreak in Davidson County: 1998 – 1999. *Pam Trotter and Mary Ellen Chesser*
- 4 Service Needs of Elderly and Disabled Residents of Davidson County. *Sarah Lancaster*
- 5 Drowning Prevention. *Lea Yerby and Alisa R. Haushalter*
- 6 Reported Cases of Selected Notifiable Diseases in Davidson County, TN for March/April 1999. *Nancy Horner*

continued on page nine

**Volume 3, Number 4
July/August 1999**

- 1 Number of Child Deaths in Davidson County in 1998 Lowest in 5 Years. *Peggy Pharris*
- 3 Notifiable Disease Update. *Public Health Watch Staff*
- Insert** A Few Good Reasons for Reporting of Notifiable Diseases. *Communicable Disease Reporting Team*
- Insert** List of Notifiable Diseases. *Tennessee Department of Health*
- Insert** Tennessee Department of Health Notifiable Disease Case Report. *Tennessee Department of Health*
- 4 Reported Cases of Selected Notifiable Diseases in Davidson County, Tennessee for May/June 1999.
Nancy Horner

**Volume 3, Number 5
September/October 1999**

- 1 Will the New Millenium Be Any Safer from Infectious Diseases? *Jianshi Huang*
- 1 Tennessee Influenza Pandemic Response Plan. *Robert Taylor*
- 3 Snapshot of 1997 Natality Data. *Nancy Horner*
- 5 Coalition Formed to Address Racial and Ethnic Disparities in Health Status. *Public Health Watch Staff*
- 6 Dr. Stephanie Bailey Installed as President of NACCHO. *Public Health Watch Staff*
- 10 Reported Cases of Selected Notifiable Diseases in Davidson County, Tennessee for July/August 1999.
Nancy Horner

**Volume 3, Number 6
November/December 1999**

- 1 Tennessee Influenza Pandemic Response Plan. *Robert Taylor*
- 3 Syphilis Initiative Wins Jim Parker Award. *Public Health Watch Staff*
- 3 Employees Tour Chicago Jail. *Public Health Watch Staff*
- 4 New Health Promotion Director Announced. *Nancy Horner*
- 5 Smoke-Free Nashville 1999 Summary. *Mary Laurens M. Seely*
- 6 Cost of Diabetes Not Solely Monetary. *Sarah Lancaster*
- 8 World AIDS Day. *Mary Angel-Beckner and Brad Beasley*
- 8 Metro Health Department Renewed for Participation in Tuberculosis Trials Consortium Clinical Trials.
Linda Reeves-Hammock

continued on page ten

Volume 3, Number 6
November/December 1999 (continued)

- 9 Syphilis Elimination/History in the Making. *Public Health Watch Staff*
- 14 Reported Cases of Selected Notifiable Diseases in Davidson County, Tennessee for September/October 1999. *Nancy Horner*

Volume 4, Number 1
January/February 2000

- 1 Message from Dr. Stephanie Bailey. *Stephanie Bailey*
- 1 1999 Highlights for Communicable Disease Control. *Pam Trotter*
- 4 Racial Health Disparities Due to Behavioral Factors? *Burns Rogers*
- 8 Metro Health Department Launches Health Data Web Pages. *Public Health Watch Staff*
- 9 Animal Control. *Judy Ladebauche*
- 10 Mission of *Public Health Watch*. *Public Health Watch Staff*
- 11 Looking Ahead: Culture Change or Culture Shock. *Stephanie Bailey*
- 12 Reported Cases of Selected Notifiable Diseases in Davidson County, Tennessee for November/December 1999. *Nancy Horner*

Volume 4, Number 2
Special Edition/April 2000

- 1 Editorial. *Nancy Horner*
- 2 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1779 – 1876. *Nancy Horner*
- 3 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1877 – 1891. *Nancy Horner*
- 4 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1892 – 1895. *Nancy Horner*
- 5 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1895 – 1898. *Nancy Horner*
- 6 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1898 – 1906. *Nancy Horner*
- 7 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1906 – 1911. *Nancy Horner*
- 8 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1912 – 1918. *Nancy Horner*
- 9 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1918 – 1933. *Nancy Horner*
- 10 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1934 – 1936. *Nancy Horner*

continued on page eleven

Volume 4, Number 2
Special Edition/April 2000 (continued)

- 11 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1936 – 1940. *Nancy Horner*
- 12 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1940 – 1942. *Nancy Horner*
- 13 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1942 – 1945. *Nancy Horner*
- 14 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1945 – 1950. *Nancy Horner*
- 15 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1950 – 1953. *Nancy Horner*
- 16 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1953 – 1954. *Nancy Horner*
- 17 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1954 – 1959. *Nancy Horner*
- 18 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1959 – 1961. *Nancy Horner*
- 19 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1962 – 1964. *Nancy Horner*
- 20 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1964 – 1968. *Nancy Horner*
- 21 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1968 – 1970. *Nancy Horner*
- 22 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1970 – 1988. *Nancy Horner*
- 23 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1988 – 1995. *Nancy Horner*
- 24 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1995 – 1997. *Nancy Horner*
- 25 Celebrating 150 Years of Public Health in Nashville (1850 – 2000). 1997 – 2000. *Nancy Horner*
- 33 Metropolitan Health Department: Mission, Vision, Activities, and Philosophy. *Public Health Watch Staff*
- 34 Metropolitan Health Department Organizational Structure as of February 2000. *Public Health Watch Staff*
- 35 Achievements of Public Health in Nashville. *Stephanie Bailey*

Volume 4, Number 3
March/April 2000

- 1 1998 Mortality Data Summary. *Ekan I. Essien*
- 4 Metropolitan Health Department of Nashville and Davidson County. Celebrating 150 Years of Public Health in Nashville (1850 – 2000) / Public Health Week April 2000. *Nancy Horner*
- 5 Letter to the Editor
Re: Work Performed by the Division of Epidemiology. *Ces' Cook*
- 6 Reported Cases of Selected Notifiable Diseases in Davidson County, Tennessee for January/February 2000. *Nancy Horner*

continued on page twelve

**Volume 4, Number 4
May/June 2000**

- 1 Unhealthy Behaviors Put Nashville Youth at Risk. A Report on Disparities of Health Related Behaviors Among Davidson County High School Students. *Rachel Collins Jones*
- 1 Nashville's Child Death Review Team Impacts Policy Development. *Jannie Gray*
- 5 Letter to the Editor
Re: Breastfeeding Program. *Decinda Condrey*
- 6 Reported Cases of Selected Notifiable Diseases in Davidson County, Tennessee for March/April 2000. *Nancy Horner*

**Volume 4, Number 5
July/August 2000**

- 1 Racial Disparities in Fetal and Infant Mortality. *Sherry R. Johnson*
- 6 Nashville Consortium Formed to Improve Care for the Uninsured. *Bart Perkey*
- 7 Dr. Warkentin Named to Head Bureau of Communicable Disease Control. *Jon Warkentin*
- 8 Dr. Stephanie Bailey Addresses NACCHO/ASTHO Conference. *Stephanie Bailey*
- 10 Reported Cases of Selected Notifiable Diseases in Davidson County, Tennessee for May/June 2000. *Nancy Horner*

**Volume 4, Number 6
September/October 2000**

- 1 Why Genetic Competencies in Public Health? *Jianshi Huang*
- 5 Metro Health Department Adopts Geographic Information Systems Technology. *Jim Jellison*
- 7 Two Major Changes in Mortality Data. *Jianshi Huang*
- 10 Snapshot of Davidson County Fetal and Infant Mortality Data 1989 – 1998. *Public Health Watch Staff*
- 11 Food Protection in Nashville Then and Now. *Jerry Rowland*
- 12 Reported Cases of Selected Notifiable Diseases in Davidson County, Tennessee for July/August 2000. *Nancy Horner*

**Volume 4, Number 7
November/December 2000**

- 1 Sexually Transmitted Disease Report Released. *Burns Rogers*
- 1 Davidson County Child Deaths Increased in 1999. *Peggy Pharris*

continued on page thirteen

Volume 4, Number 7
November/December 2000 (continued)

- 4 Metro Health Department Bureau Director Elected as Chair of Board of Directors for CityMatCH. *Public Health Watch Staff*
- 4 Letter to the Editor
Re: Use of *Public Health Watch* as a Teaching Tool at Belmont University. *Ruby Dunlap*
- 5 Centers for Disease Control and Prevention's Ten Leading Public Health Challenges of the 21st Century.
Jeffrey P. Koplan and David W. Fleming
- 6 Reported Cases of Selected Notifiable Diseases in Davidson County, Tennessee for September/October 2000. *Nancy Horner*

Reported cases of selected notifiable diseases for November/December 2000

Disease	Cases Reported in November/December		Cumulative Cases Reported through December	
	1999	2000	1999	2000
AIDS	44	35	204	383
Campylobacteriosis	6	2	34	40
Chlamydia	361	394	2,210	2,401
DRSP (Invasive drug-resistant <i>Streptococcus pneumoniae</i>)	10	3	54	38
<i>Escherichia coli</i> 0157:H7	0	1	4	8
Giardiasis	1	0	28	22
Gonorrhea	270	373	1,786	2,401
Hepatitis A	9	2	50	42
Hepatitis B (acute)	3	0	22	37
Hepatitis B (perinatal)	2	0	20	21
HIV	77	53	522	458
Influenza	10	11	867	717
<i>Neisseria meningitidis</i> disease	0	0	4	7
Salmonellosis	9	4	56	76
Shigellosis	2	0	167	18
Syphilis (primary and secondary)	32	35	246	192
Tuberculosis	4	17	60	81
VRE (Vancomycin-resistant enterococci)	5	4	56	51

To report a notifiable disease, please contact:

Sexually transmitted diseases: Pat Petty at 340-5647

AIDS/HIV: Mary Angel-Beckner at 340-5330

Hepatitis B: Cherese Brooks at 340-2168

Tuberculosis: Diane Schmitt at 340-5650

Hepatitis C: Jennifer Blackmon at 340-5671

Vaccine-preventable diseases: Denise Stratz at 340-2174

All other notifiable diseases: Pam Trotter at 340-5632

Public Health Watch welcomes feedback, articles, letters, and suggestions. To communicate with *Public Health Watch* staff, please:

Telephone: (615) 340 - 2151

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